

V. S. No. 2
50M-1-4-41
Rev. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 275
Registrar's No. 400

FILED FEB 24 1942

Registration District No. 191

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years 3 Months
In this community 50 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Randolph Fox.
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 15 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 27 _____ hr. _____ min.

9. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER { 12. Name X 9
13. Birthplace X (City, town, or county) (State or foreign country)
14. Maiden name X 9
15. Birthplace X (City, town, or county) (State or foreign country)

16. (a) Informant Samie Green

(b) Address 5802 Arsenal

17. (a) Cremation (b) Date thereof 1-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY OF ST. LOUIS

18. (a) Signature of funeral director W. Ryan

(b) Address City Infirmary

19. (a) 1942 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 13
(c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL")
(d) Street No. City Infirmary (If rural, give location)
(e) Citizen of foreign country? American. 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11,
year 1942 hour 9:55 minute P.M. M.

21. I hereby certify that I attended the deceased from October 25, 1934 to January 11, 1942,
that I last saw him alive on January 11, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Paralysis Duration
Hypertensive Cardio-vascular disease.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy 11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury md

23. Signature Loren Blaney (M. D. or other) md

Address 5802 Arsenal Date signed 1/13/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.